

FEC FORM 3L**REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs**

14 FEB -5 AM 10:23

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Tammy Baldwin for Senate

ADDRESS (number and street)

PO Box 696

Check if different
than previously
reported. (ACC)

Madison

CITY

WI

STATE

53701

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C C00326801

3. IS THIS
REPORT

X NEW
(N) OR

AMENDED
(A)

4. STATE DISTRICT

WI

00

For Candidates Only

5. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)

July 15
Quarterly Report (Q2)
and/or Semi-annual Report

October 15
Quarterly Report (Q3)

X January 31
Year-End Report (YE)
and/or Semi-annual Report

July 31 Mid-Year
Report (Non-election
Year - PAC/Party) (MY)
and/or Semi-annual Report

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7) and/or Semi-annual Report	Oct 20 (M10)	Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the:

Primary (12P)	General (12G)	Runoff (12R)	This report also covers the semi-annual period
Special (12S)	Convention (12C)		

M M / D D / Y Y Y Y in the State of See Line 6(b)

(d) 30-Day POST-Election Report for the:

General (30G)	Runoff (30R)	Special (30S)	This report also covers the semi-annual period
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M M / D D / Y Y Y Y in the State of See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

This report covers M M / D D / Y Y Y Y through M M / D D / Y Y Y Y and/or January 1 - June 30
07 01 2013 through 12 31 2013
X July 1 - December 31

7. Total Reportable Bundled Contributions by
Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

0.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Michael F. Childers

Signature of Treasurer

Mr. Michael F. Childers

Date

M M / D D / Y Y Y Y
12 30 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3L

02/2009

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